

**Lake County Provider Agency Quality Improvement and Utilization Review**  
**Covering FY 20 and 21**  
**Section I**

Agency Name	Lake-Geauga Recovery Centers, Inc.
<b>Locations</b>	<p>Lake-Geauga Recovery Centers, Inc. (LGRC) is a private, non-profit corporation. Administrative and Outpatient Services are located at 9083 Mentor Avenue, Mentor, Ohio. We also have an Outpatient Treatment office at 134 S. St. Clair, Painesville, Ohio 44077. Our Chardon Outpatient Services, Prevention Services, and the Mike Link Driver Intervention Program office are located at 209 Center Street, Suite E, in Chardon, Ohio. LGRC also operates the Geauga County Jail Treatment Program out of the Geauga County Safety Center at 12459 Merritt Road in Chardon, Ohio.</p> <p>LGRC has four residential treatment facilities certified by OhioMHAS. Nevaeh Ridge, located at 9652 Old Johnnycake Road, Mentor, Ohio, prioritizes pregnant women and women with their children. The program accommodates up to 6 women with up to 2 children, ages 5 and under. Our remaining 3 residential locations are each 16 bed facilities. Lake House men's residential treatment facility is located at 796 Oak Street, Painesville, Ohio and allows men to bring their children ages 3 and under. Oak House women's residential treatment facility is located at 800 Oak Street in Painesville, Ohio and allows women to bring their children ages 3 and under. Concord Pines men's residential treatment facility is located at 7301 Ravenna Rd., Concord, Ohio.</p> <p>We opened our first recovery house, Water Street to accommodate 5 men for Geauga County residents at 114 Water Street, in Chardon, Ohio in November 2015. Since then we have added 5 other recovery houses. Bill Horvath House at 42 East Jackson Street in Painesville, Ohio, is a men recovery house to accommodate 5 men for Lake County. Nowlen Manor at 8441 Nowlen Street, Mentor, Ohio accommodates 5 women. Eighty Forty-One at 8401 Mentor Avenue Mentor, Ohio accommodates 5 women. The Meigs at 805 Meigs Avenue, Painesville, Ohio accommodates up to 6 men. Twelve Meadows, our newest recovery house, was opened in February 2020 and can accommodate 5 women. It is located at 12700 Ravenna Rd., Chardon, Ohio in Geauga County.</p>
<b>Date Services Commenced</b>	Lake-Geauga Recovery Centers came into existence in February 1971 in Lake County, through the efforts of a group of recovering alcoholics. Their goal was to provide food, clothing, and shelter to chronic alcoholics and education to the general community about the illness of alcoholism and drug abuse. In January of 1986, a merger process was completed with the Alcohol and Drug Abuse Center of Geauga Co.
<b>Mission Statement</b>	To promote lifelong recovery from addiction through education, prevention, and treatment regardless of ability to pay.
<b>Licenses/Certifications/Dates</b>	LGRC operates in compliance with the Ohio Department of Mental Health and Addiction Services (ODMHAS) certification requirements for both Alcohol and other Drugs and Mental Health services and will run concurrent with our CARF licensure dates. At this time we are certified to operate prevention, outpatient treatment, residential treatment, halfway house and driver intervention services through February 2021 (now extended due to COVID). In December 2018 we received our sixth, 3-year accreditation by the Commission on the Accreditation of Rehabilitation Facilities (CARF) for outpatient,

	prevention, diversion (driver intervention program) and residential treatment. We are scheduled for our survey for reaccreditation in October/November 2021. Our recovery houses are certified by the Ohio Recovery Housing.
<b>Target Population</b>	Adult men and women who are concerned about their own or another's use of alcohol or other drugs, problem gambling or mental illness.
<b>Total Budget</b>	\$5,837,699
<b>Total # of Staff</b>	75
<b>Total # of Staff Providing Direct Service</b>	52 (including part-time program assistants at the residential facilities)
<b>Credentials/Salary ranges for Direct Service Staff</b>	<b>\$29,120-\$63,299</b> All counselors practice according to their areas of expertise and specialization, within their scope of practice, and with appropriate professional certification. Certifications of direct service staff include: CNP, LICDC, LCDC-III, LCDC-II, LISW, LSW, LPCC-S, LPCC, LPC, CDCA, Peer Recovery Supporter.

**Section II**

<b>For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:</b>		
	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>SUD Individual \ Psychotherapy BH /SUD Counseling &amp; Therapy MH Individual and Group SUD Diagnostic Evaluation SUD Case Management Laboratory Urinalysis Peer Recovery Support Services</b>	<b>SUD Individual \ Psychotherapy BH /SUD Counseling &amp; Therapy MH Individual and Group SUD Diagnostic Evaluation SUD Case Management Laboratory Urinalysis Peer Recovery Support Services</b>
<b>Total # of Staff Providing Direct Service</b>	14.02 FTE	14.02 FTE
<b>Average % of Direct Service Time</b>	52.00%	52.00%
<b>Total # of Consumers Served (Annual)</b>	1556	1354
<b>Hours of Programming</b>	Monday ~ Thursday: 8:00 a.m. ~ 8:30 p.m. Friday: 9:00 a.m. ~ 5:00 p.m. Saturday: 9:00 ~ 5:00 p.m. (1x/month)	Monday ~ Thursday: 8:00 a.m. ~ 8:30 p.m. Friday: 9:00 a.m. ~ 5:00 p.m. Saturday: 9:00 ~ 5:00 p.m. (1x/month)
<b>Average Duration of Consumer Involvement in Service</b>	Outpatient: 8~10 weeks Intensive Outpatient: 16~18 weeks	Outpatient: 8~10 weeks Intensive Outpatient: 16~18 weeks
<b>% of Recidivism/Reasons for Recidivism</b>	5% Reasons for recidivism include relapse, client returned to complete treatment after initial treatment interrupted by a jail sentence, client was unable to achieve treatment plan goals at a lower level of care.	5% Reasons for recidivism include relapse, client returned to complete treatment after initial treatment interrupted by a jail sentence, client was unable to achieve treatment plan goals at a lower level of care.

For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:		
	FY2020	FY2021
<b>% of Consumers who Successfully Complete/Attain Goals</b>	<ul style="list-style-type: none"> <li>• 85% of clients in all outpatient groups and individual counseling attained or partially attained treatment plan goals</li> <li>• 63% of those completing Group Counseling achieved all treatment goals.</li> <li>• 72% of clients in all IOP attained or partially attained treatment plan goals; 47% met all treatment plan goals.</li> <li>• 88% of clients were negative on random drug screens during participation in program services.</li> <li>• 93% of clients engaged in group counseling reported satisfaction with services received as indicated in the consumer satisfaction surveys.</li> </ul>	<ul style="list-style-type: none"> <li>• 81% of clients in all outpatient groups and individual counseling attained or partially attained treatment plan goals</li> <li>• 62% of those completing Group Counseling achieved all treatment goals.</li> <li>• 55% of clients in all IOP attained or partially attained treatment plan goals; 35% met all treatment plan goals.</li> <li>• 84% of clients were negative on random drug screens during participation in program services.</li> <li>• 92% of clients engaged in group counseling reported satisfaction with services received as indicated in the consumer satisfaction surveys.</li> </ul>
<b>Outcome Goals for Program</b>	<p><b>Performance Target:</b> Out of the 251 customers admitted to Intensive Outpatient Treatment in FY2020, 125 (50%) of these customers will achieve abstinence and demonstrate one or more of the following at discharge:</p> <ol style="list-style-type: none"> <li>1) Will incur no new legal charges.</li> <li>2) Will have a stable living environment.</li> <li>3) Will have positive, supportive relationships.</li> <li>4) Will be self-supporting/employment (financial income)</li> </ol> <p><b>FY20 results:</b> Out of the 208 clients who enrolled in IOP, 113 (54%) met all the milestones and the Performance Target; however 66 clients were still enrolled and participating in IOP at the end of FY 20</p> <p><b>FY20 results:</b> Out of the 205 clients discharged from IOP, 96 (47%) met all the milestones and the Performance Target. Out of the 86 successfully contacted at one month post-discharge, 99% reported continuous sobriety, 99% incurred no new legal charges and 98% were actively involved in AA/NA</p>	<p><b>Performance Target:</b> Out of the 251 customers admitted to Intensive Outpatient Treatment in FY2021, 125 (50%) of these customers will achieve abstinence and demonstrate one or more of the following at discharge:</p> <ol style="list-style-type: none"> <li>1) Will incur no new legal charges.</li> <li>2) Will have a stable living environment.</li> <li>3) Will have positive, supportive relationships.</li> <li>4) Will be self-supporting/employment (financial income)</li> </ol> <p><b>FY21 results:</b> Out of the 237 clients who enrolled in IOP, 96 (41%) met all the milestones and the Performance Target; however 29 clients were still enrolled and participating in IOP at the end of FY 21</p> <p><b>FY21 results:</b> Out of the 198 clients discharged from IOP, 96 (35%) met all the milestones and the Performance Target. Out of the 53 successfully contacted at one month post-discharge, 100% reported continuous sobriety, 99% incurred no new legal charges and 99% were actively involved in AA/NA</p>

	<b>FY2020</b>	<b>FY2021</b>
<b>Average Duration of Waiting List</b>	The average wait time for a 1 <sup>st</sup> assessment appointment after intake was within the week during FY2020. There were no wait times for admission into a treatment group. If a wait list occurs, clients will be seen individually while waiting for an opening in their recommended group. Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug users, severity of need for services, and Lake and Geauga County residents. There presently is no waiting list in outpatient treatment.	The average wait time for a 1 <sup>st</sup> assessment appointment after intake was within the week during FY2021. There were no wait times for admission into a treatment group. If a wait list occurs, clients will be seen individually while waiting for an opening in their recommended group. Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug users, severity of need for services, and Lake and Geauga County residents. There presently is no waiting list in outpatient treatment.
<b>For Emergency Services, Average Response Time</b>	N/A	N/A
<b>Are These Within Contract Specifications for Time Frame?</b>	N/A	N/A
<b>Total Program Budget</b>	\$1,749,102– Outpatient (services below): SUD Intensive Outpatient: \$872,380 SUD Group Counseling: \$341,467 SUD Diagnostic Eval: \$189,260 SUD Psychotherapy: \$184,183 SUD Case Management: \$25,099 MH BH counseling and group: \$12,590 Medical Aftercare: \$11,448 Laboratory Urinalysis (SUD): \$28,921 SUD Peer Recovery Support: \$83,754	\$1,676,678– Outpatient (services below): SUD Intensive Outpatient: \$872,380 SUD Group Counseling: \$269,043 SUD Diagnostic Eval: \$189,260 SUD Psychotherapy: \$184,183 SUD Case Management: \$25,099 MH BH counseling and group: \$12,590 Medical Aftercare: \$11,448 Laboratory Urinalysis (SUD): \$28,921 SUD Peer Recovery Support: \$83,754
<b>% of Budget Received From ADAMHS Board</b>	23.1%- SUD Intensive Outpatient (\$201,589) 32.1%- SUD Group Counseling (\$109,780) 23.5% - SUD Diagnostic Eval (\$44,444) 29.7% - SUD Psychotherapy (\$54,734) 69.7% - SUD Case Management (\$17,488) 10.6% - MH BH counseling & group \$1,333) 93% – Medical Aftercare (\$10,600)	23.1%- SUD Intensive Outpatient (\$201,589) 40.8%- SUD Group Counseling (\$109,780) 23.5% - SUD Diagnostic Eval (\$44,444) 29.7% - SUD Psychotherapy (\$54,736) 69.7% - SUD Case Management (\$17,488) 10.6% - MH BH counseling & group \$1,333) 93% – Medical Aftercare (\$10,600)



	40.1% - Laboratory Urinalysis (SUD) (\$11,584) 55% - SUD Peer Recovery Support (\$46,065)	40.1% - Laboratory Urinalysis (SUD) (\$11,584) 96.8% - SUD Peer Recovery Support (\$81,065)
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<b>For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:</b>		
	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Medication Assisted Treatment</b> Lake-Geauga Recovery Centers has implemented and been providing starting in FY15, Medication Assisted Treatment (MAT) services at Lake-Geauga Recovery Centers to provide ambulatory detox and MAT/Vivitrol services for opiate addicted individuals as they engage in treatment services. Started providing Suboxone MAT for clients in April 2019.	<b>Medication Assisted Treatment</b> Lake-Geauga Recovery Centers provides Medication Assisted Treatment (MAT) services at Lake-Geauga Recovery Centers to provide ambulatory detox and MAT/Vivitrol or MAT/Suboxone services for opiate addicted individuals as they engage in treatment services. MAT may also be utilized for those struggling with alcohol cravings.
<b>Total # of Staff Providing Direct Service</b>	2.0	2.0
<b>Average % of Direct Service Time</b>	52%	60%
<b>Total # of Consumers Served (Annual)</b>	<b>198</b>	<b>280</b>
<b>Hours of Programming</b>	Monday ~ Thursday: 8:00 a.m. ~ 8:30 p.m. Friday: 9:00 a.m. ~ 5:00 p.m.	Monday ~ Thursday: 8:00 a.m. ~ 8:30 p.m. Friday: 9:00 a.m. ~ 5:00 p.m.
<b>Average Duration of Consumer Involvement in Service</b>	Ambulatory Detox: 7-14 days	Ambulatory Detox: 7-14 days
	MAT: 12 – 18 months	MAT: 12 – 18 months
<b>% of Recidivism/Reasons for Recidivism</b>	25% of ambulatory detox clients are engaging in treatment.	40% of ambulatory detox clients are engaging in treatment.
<b>% of Consumers who Successfully Complete/Attain Goals</b>	13 / 52 of ambulatory detox consumers (25%) engaged in treatment	6 / 15 of ambulatory detox consumers (40%) engaged in treatment (See below)
	Starting in FY20, our opiate dependent clients on MAT (including Suboxone and Vivitrol) participate in our regular IOP or Relapse Prevention Group. (See IOP outcomes below).	With the introduction of Suboxone to the MAT program, those who are prescribed Suboxone are not needing ambulatory detox medications which is the cause for the utilization of ambulatory detox to appear lower. If those clients were all Vivitrol, as they were in the past when we were not prescribing Suboxone, our ambulatory detox number would have remained higher. (See IOP outcomes for goal attainment).

	FY2020	FY2021
<b>Outcome Goals for Program</b>	<p><b>Measurable Goals for Program in SFY2020</b></p> <ul style="list-style-type: none"> <li>• <b>Goal 1:</b> 40% of those receiving ambulatory detox services will follow-up with recommended treatment.</li> <li>• <b>Goal 2:</b> 60% of those participating in Medication Assisted Treatment (in conjunction with IOP or residential treatment) will achieve treatment plan goals.</li> <li>• <b>Goal 3:</b> 40% of Medication Assisted Treatment clients will maintain abstinence at 6 months post-discharge.</li> <li>• <b>Goal 4:</b> 85% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys.</li> </ul> <p><b>Outcome Results for SFY2020</b></p> <ul style="list-style-type: none"> <li>• <b>Goal 1:</b> 25% did engage in treatment of those receiving ambulatory detox services.</li> <li>• <b>Goal 2 &amp; 3: FY20 results:</b> Out of the 198 clients discharged from IOP, 91 (46%) met all the milestones and the Performance Target. Out of the 86 successfully contacted at one month post-discharge, 99% reported continuous sobriety, 99% incurred no new legal charges and 98% were actively involved in AA/NA</li> <li>• <b>Goal 4:</b> 92% of clients engaged in group counseling have reported alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys.</li> </ul>	<p><b>Measurable Goals for Program in SFY2021</b></p> <ul style="list-style-type: none"> <li>• <b>Goal 1:</b> 40% of those receiving ambulatory detox services will follow-up with recommended treatment.</li> <li>• <b>Goal 2:</b> 60% of those participating in Medication Assisted Treatment (in conjunction with IOP or residential treatment) will achieve treatment plan goals.</li> <li>• <b>Goal 3:</b> 40% of Medication Assisted Treatment clients will maintain abstinence at 6 months post-discharge.</li> <li>• <b>Goal 4:</b> 85% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys.</li> </ul> <p><b>Outcome Results for SFY2021</b></p> <ul style="list-style-type: none"> <li>• <b>Goal 1:</b> 40% did engage in treatment of those receiving ambulatory detox services.</li> <li>• <b>Goal 2 &amp; 3: FY21 results:</b> Out of the 198 clients discharged from IOP, 96 (35%) met all the milestones and the Performance Target. Out of the 53 successfully contacted at one month post-discharge, 100% reported continuous sobriety, 99% incurred no new legal charges and 99% were actively involved in AA/NA</li> <li>• <b>Goal 4:</b> 90% of clients engaged in group counseling have reported alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys.</li> </ul>
<b>Average Duration of Waiting List</b>	Currently and in FY20 no waiting list for this service.	Currently and in FY21 no waiting list for this service.
<b>For Emergency Services, Average Response Time</b>	N/A	N/A
<b>Are These Within Contract Specifications for Time Fame?</b>	N/A	N/A
<b>Total Program Budget</b>	\$345,815	\$345,815
<b>% of Budget</b>		



<b>Received From ADAMHS Board</b>	55.5	55.5
<b>For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:</b>		
	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Grief Support Group</b> The Grief Recovery Support Group provides sources of help, compassion, counseling and most of all, understanding for families and individuals who have had a loved one die as a result of substance abuse or addiction. The free, weekly, evening support group is facilitated by an LGRC licensed counselor and a volunteer family member. Service started in September 2016.	<b>Grief Support Group</b> The Grief Recovery Support Group provides sources of help, compassion, counseling and most of all, understanding for families and individuals who have had a loved one die as a result of substance abuse or addiction. The free, weekly, evening support group is facilitated by an LGRC licensed counselor and a volunteer family member. Service started in September 2016.
<b>Total # of Staff Providing Direct Service</b>	.10	.10
<b>Average % of Direct Service Time</b>	100%	100%
<b>Total # of Consumers Served (Annual)</b>	21* (duplicated consumers, average 0-1 per week in support group)	16* (duplicated consumers, average 0-1 per week in support group)
<b>Hours of Programming</b>	Monday's evenings 5:30- 7:30-pm	Monday's evenings 5:30- 7:30-pm
<b>Average Duration of Consumer Involvement in Service</b>	Attendance varies week to week, some participants attend every week, some for only a week or two	Attendance varies week to week, some participants attend every week, some for only a week or two
<b>% of Recidivism/Reasons for Recidivism</b>	NA	NA
<b>% of Consumers who Successfully Complete/Attain Goals</b>	90% of participants engaged in Grief Support Group reported overall satisfaction with service.	<ul style="list-style-type: none"> <li>92% of participants engaged in Grief Support Group reported overall satisfaction with service.</li> </ul>

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	<b>FY2020</b>	<b>FY2021</b>
	<b>Goal:</b> To assist group members in identifying, processing and moving through stages of grief, offer education and support regarding the disease of addiction, and provide strength and hope to these bereaved families.	<b>Goal:</b> To assist group members in identifying, processing and moving through stages of grief, offer education and support regarding the disease of addiction, and provide strength and hope to these bereaved families.
<b>Outcome Goals for Program</b>	<b>Goal:</b> To assist group members in identifying, processing and moving through stages of grief, offer education and support regarding the disease of addiction, and provide strength and hope to these bereaved families.	<b>Goal:</b> To assist group members in identifying, processing and moving through stages of grief, offer education and support regarding the disease of addiction, and provide strength and hope to these bereaved families.
<b>Average Duration of Waiting List</b>	N/A	N/A
<b>For Emergency Services, Average Response Time</b>	N/A	N/A
<b>Are These Within Contract Specifications for Time Fame?</b>	N/A	N/A
<b>Total Program Budget</b>	\$12,000	\$12,000
<b>% of Budget Received From ADAMHS Board</b>	100%	100%

<b>For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:</b>		
	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Oak House</b>	<b>Oak House</b>
<b>Total # of Staff Providing Direct Service</b>	8.7 FTE	8.7 FTE
<b>Average % of Direct Service Time</b>	60%	60%
<b>Total # of Consumers Served (Annual)</b>	76 discharges	70 discharges
<b>Hours of Programming</b>	24 hours per day, 7 days a week	24 hours per day, 7 days a week
<b>Average Duration of Consumer Involvement in Service</b>	70 days	70 days
<b>% of Recidivism/Reasons for Recidivism</b>	7% of clients (11 clients out of 167 admits) had been readmitted to Oak House over a two-year period (FY19 & 20). Clients readmitted to residential treatment typically have relapsed and/or have been unable to maintain sobriety in a less restrictive setting.	8% of clients (11 clients out of 144 admits) had been readmitted to Oak House over a two-year period (FY20 & 21). Clients readmitted to residential treatment typically have relapsed and/or have been unable to maintain sobriety in a less restrictive setting.
<b>% of Consumers who Successfully Complete/Attain Goals</b>	74% Met (62%) or partially met (12%) treatment plan goals	54% Met (50%) or partially met (4%) treatment plan goals

	FY2020	FY2021
<b>Outcome Goals for Program</b>	<p><b>Performance Target:</b> Out of the 60 women customers admitted to Oak House during FY2020, 30 (50%) of these will complete all their milestones at discharge, 22 of these customers will remain abstinent (self-reported) from alcohol and other drugs for six months post treatment, and 16 of these customers will remain abstinent (self-reported) from alcohol and other drugs for one year post treatment, and will demonstrate two or more of the following:</p> <ol style="list-style-type: none"> <li>1) Positive, supportive relationships</li> <li>2) Positive, supportive living environment</li> <li>3) Self-supporting/ employment (financial income)</li> <li>4) No new legal charges</li> <li>5) Participation in aftercare counseling (e.g. mental health)</li> </ol> <p><b>FY20 Results:</b> Of the 72 women admitted to treatment during FY 2020,</p> <p>★ 48 (67%) have been discharged from treatment and met all of the treatment milestones. As of 6/30/20, Oak House had 12 women still active in treatment that were admitted during this period.</p> <p>★ Out of 25 women who were contacted for a 6 month follow-up, 15 (60%) had met the performance target at 6 months.</p> <p>★ Out of 51 women who were contacted for a 12 month follow-up, 31 (61%) had met the performance target at 12 months.</p>	<p><b>Performance Target:</b> Out of the 60 women customers admitted to Oak House during FY2021, 30 (50%) of these will complete all their milestones at discharge, 22 of these customers will remain abstinent (self-reported) from alcohol and other drugs for six months post treatment, and 16 of these customers will remain abstinent (self-reported) from alcohol and other drugs for one year post treatment, and will demonstrate two or more of the following:</p> <ol style="list-style-type: none"> <li>1) Positive, supportive relationships</li> <li>2) Positive, supportive living environment</li> <li>3) Self-supporting/ employment (financial income)</li> <li>4) No new legal charges</li> <li>5) Participation in aftercare counseling (e.g. mental health)</li> </ol> <p><b>FY21 Results:</b> Of the 69 women admitted to treatment during FY 2021,</p> <p>★ 34 (49%) have been discharged from treatment and met all of the treatment milestones. As of 6/30/21, Oak House had 10 women still active in treatment that were admitted during this period.</p> <p>★ Out of 21 women who were contacted for a 6 month follow-up, 16 (76%) had met the performance target at 6 months.</p> <p>★ The one year follow-up report will not be available for the 35 women who completed treatment successfully until the end of June FY22.</p>

	<b>FY2020</b>	<b>FY2021</b>
<b>Average Duration of Waiting List</b>	<p>Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug use, and severity of need for services, and Lake and Geauga County residents.</p> <p>We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.</p> <p>Clients complete intake/admission into our Mentor and Painesville outpatient treatment services whenever possible until they can be scheduled for admission.</p>	<p>Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug use, and severity of need for services, and Lake and Geauga County residents.</p> <p>We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.</p> <p>Clients complete intake/admission into our Mentor and Painesville outpatient treatment services whenever possible until they can be scheduled for admission.</p>
<b>For Emergency Services, Average Response Time</b>	N/A	N/A
<b>Are These Within Contract Specifications for Time Fame?</b>	N/A	N/A
<b>Total Program Budget</b>	\$690,451	\$690,451
<b>% of Budget Received From ADAMHS Board</b>	5.6%	5.6%



<b>For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:</b>		
	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Lake House</b>	<b>Lake House</b>
<b>Total # of Staff Providing Direct Service</b>	9.5 FTE	9.5 FTE
<b>Average % of Direct Service Time</b>	60%	60%
<b>Total # of Consumers Served (Annual)</b>	105 discharges	69 discharges
<b>Hours of Programming</b>	24 hours per day, 7 days a week	24 hours per day, 7 days a week
<b>Average Duration of Consumer Involvement in Service</b>	52 days	56 days
<b>% of Recidivism/Reasons for Recidivism</b>	5% of clients (8 clients out of 179 admits) had been readmitted to Lake House over a two year period (FY19 & 20). Clients readmitted to residential treatment typically have relapsed and have been unable to maintain sobriety in a less restrictive setting.	9% of clients (16 clients out of 176 admits) had been readmitted to Lake House over a two year period (FY20 & 21). Clients readmitted to residential treatment typically have relapsed and have been unable to maintain sobriety in a less restrictive setting.
<b>% of Consumers who Successfully Complete/Attain Goals</b>	76% Met (56%) or partially met (20%) treatment plan goals	79% Met (46%) or partially met (33%) treatment plan goals

	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Lake House</b>	<b>Lake House</b>
<b>Outcome Goals for Program</b>	<p>Performance Target: Out of the 60 men customers admitted to Lake House during FY2020, 30 (50% of these will complete all their milestones at discharge, 22 of these customers will remain abstinent (self-reported) from alcohol and other drugs for six months post treatment, and 16 of these customers will remain abstinent (self-reported) from alcohol and other drugs for one year post treatment, and will demonstrate two or more of the following:</p> <ol style="list-style-type: none"> <li>1) Positive, supportive relationships</li> <li>2) Positive, supportive living environment</li> <li>3) Self-supporting/ employment (financial income)</li> <li>4) No new legal charges</li> <li>5) Participation in aftercare counseling (e.g. mental health)</li> </ol> <p><b>FY20 Results:</b> <i>Of the 100 men admitted to treatment during FY 2020,</i></p> <p>★54, (54%) have been discharged from treatment and met all of the treatment milestones.</p> <p>★ Out of the 30 men who were contacted for a 6 month follow-up, 19 (63%) had met the performance target at 6 months.</p> <p>★ Out of the 56 men who were contacted for a 12 month follow-up, 34 (61%) had met the performance target at 6 months.</p>	<p>Performance Target: Out of the 60 men customers admitted to Lake House during FY2021, 30 (50% of these will complete all their milestones at discharge, 22 of these customers will remain abstinent (self-reported) from alcohol and other drugs for six months post treatment, and 16 of these customers will remain abstinent (self-reported) from alcohol and other drugs for one year post treatment, and will demonstrate two or more of the following:</p> <ol style="list-style-type: none"> <li>1) Positive, supportive relationships</li> <li>2) Positive, supportive living environment</li> <li>3) Self-supporting/ employment (financial income)</li> <li>4) No new legal charges</li> <li>5) Participation in aftercare counseling (e.g. mental health)</li> </ol> <p><b>FY21 Results:</b> <i>Of the 77 men admitted to treatment during FY 2021,</i></p> <p>★33, (43%) have been discharged from treatment and met all of the treatment milestones.</p> <p><i>As of 6/30/21, Lake House had 13 men still active in treatment who were admitted during this time period.</i></p> <p>★ Out of the 18 men who were contacted for a 6 month follow-up, 12 (67%) had met the performance target at 6 months.</p> <p>★ The one year follow-up report will not be available for the 32 men who completed treatment successfully until the end of June FY22.</p>

	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Lake House</b>	<b>Lake House</b>
<b>Average Duration of Waiting List</b>	<p>Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug use, and severity of need for services, and Lake and Geauga County residents.</p> <p>We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.</p> <p>Clients can complete intake/admission into our Mentor and Painesville outpatient treatment services whenever possible until they can be scheduled for admission.</p>	<p>Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug use, and severity of need for services, and Lake and Geauga County residents.</p> <p>We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.</p> <p>Clients can complete intake/admission into our Mentor and Painesville outpatient treatment services whenever possible until they can be scheduled for admission.</p>
<b>Emergency Services, Average Response Time</b>	N/A	N/A
<b>Are These Within Contract Specifications for Time Fame?</b>	N/A	N/A
<b>Total Program Budget</b>	\$693,670	\$693,670
<b>% of Budget Received From ADAMHS Board</b>	5.6	5.6

<b>For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:</b>		
	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Nevaeh Ridge</b>	<b>Nevaeh Ridge</b>
<b>Total # of Staff Providing Direct Service</b>	4.0 FTE	4.0 FTE
<b>Average % of Direct Service Time</b>	60%	60%
<b>Total # of Consumers Served (Annual)</b>	26 (26 discharges, 3 still active)	29 (29 discharges, 4 still active)
<b>Hours of Programming</b>	24 hours per day, 7 days a week	24 hours per day, 7 days a week
<b>Average Duration of Consumer Involvement in Service</b>	87 days	63 days
<b>% of Recidivism/Reasons for Recidivism</b>	2% (1 client out of 52 admits) in FY19 and FY20 of clients had been readmitted	6% (3 clients out of 55 admits) in FY20 and FY21 of clients had been readmitted
<b>% of Consumers who Successfully Complete/Attain Goals</b>	62% Met (62%) or partially met (0%) treatment plan goals	66% Met (59%) or partially met (7%) treatment plan goals

	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Nevaeh Ridge</b>	<b>Nevaeh Ridge</b>
<b>Outcome Goals for Program</b>	<p>SFY20: Out of the 25 women customers admitted to Nevaeh Ridge during fiscal year (2020), 14 of these will complete all their milestones at discharge, 12 of these customers will remain abstinent (self-reported) from alcohol and other drugs for six months post treatment, and 10 of these customers will remain abstinent (self-reported) from alcohol and other drugs for one year post treatment, and will demonstrate two or more of the following:</p> <ol style="list-style-type: none"> <li>1) Positive, supportive relationships</li> <li>2) Positive, supportive living environment</li> <li>3) Self-supporting/ employment (financial income)</li> <li>4) No new legal charges</li> <li>5) Participation in aftercare counseling (e.g. mental health)</li> </ol> <p>FY20 Results:</p> <ul style="list-style-type: none"> <li>▪ 16 out of 26, 62% women that were discharged met (62%, N:16) or partially met (0%, N:0) treatment plan objectives</li> <li>▪ Of the 26 clients who enrolled in Nevaeh Ridge residential treatment during FY20, 17 (65%) met all the milestones and the Performance Target. As of 6/30/20, 3 clients were still enrolled in groups.</li> </ul>	<p>Performance Target (can now be measured to be consistent with all LGRC residential facilities): Out of the 25 women customers admitted to Nevaeh Ridge during fiscal year (2021), 14 of these will complete all their milestones at discharge, 12 of these customers will remain abstinent (self-reported) from alcohol and other drugs for six months post treatment, and 10 of these customers will remain abstinent (self-reported) from alcohol and other drugs for one year post treatment, and will demonstrate two or more of the following:</p> <ol style="list-style-type: none"> <li>1) Positive, supportive relationships</li> <li>2) Positive, supportive living environment</li> <li>3) Self-supporting/ employment (financial income)</li> <li>4) No new legal charges</li> <li>5) Participation in aftercare counseling (e.g. mental health)</li> </ol> <p><b><i>FY21 Results:</i></b> <i>Of the 28 women admitted to treatment during FY 2021,</i>  <i>★14, (50%) have been discharged from treatment and met all of the treatment milestones.</i>  <i>As of 6/30/20, Nevaeh Ridge had 4 women still active in treatment who were admitted during this time period.</i>  <i>★ Out of the 4 women who were contacted for a 6 month follow-up, 3 (75%) had met the performance target at 6 months.</i>  <i>★ The one year follow-up report will not be available for the 17 women who completed treatment successfully until the end of June FY22.</i></p>



	<b>FY2020</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Nevach Ridge</b>	<b>Nevach Ridge</b>
<b>Average Duration of Waiting List</b>	<p>Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug use, and severity of need for services, and Lake and Geauga County residents.</p> <p>We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.</p> <p>Clients are now intake/admitted into our Mentor and Painesville outpatient treatment services whenever possible until they can be scheduled for admission.</p>	<p>Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug use, and severity of need for services, and Lake and Geauga County residents.</p> <p>We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.</p> <p>Clients can complete intake/admission into our Mentor and Painesville outpatient treatment services whenever possible until they can be scheduled for admission.</p>
<b>Emergency Services, Average Response Time</b>	N/A	N/A
<b>Are These Within Contract Specifications for Time Fame?</b>	N/A	N/A
<b>Total Program Budget</b>	\$340,766	\$314,506
<b>% of Budget Received From ADAMHS Board</b>	53.5%	46.7%

<b>For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:</b>		
	<b>FY2020</b> <b>Not funded in FY20 but outcomes listed here</b>	<b>FY2021</b>
<b>Name of Service</b>	<b>Concord Pines</b> <b>Not open until December 2019</b>	<b>Concord Pines</b>
<b>Total # of Staff Providing Direct Service</b>	6 FTE	6 FTE
<b>Average % of Direct Service Time</b>	70%	70%
<b>Total # of Consumers Served (Annual)</b>	19 discharges	60 discharges
<b>Hours of Programming</b>	24 hours per day, 7 days a week	24 hours per day, 7 days a week
<b>Average Duration of Consumer Involvement in Service</b>	59 days	60 days
<b>% of Recidivism/Reasons for Recidivism</b>	N/A in FY20 first year of program opening	9% of clients (4 clients out of 91 admits) had been readmitted to Lake House over a two year period (part of FY20 & 21). Clients readmitted to residential treatment typically have relapsed and have been unable to maintain sobriety in a less restrictive setting.
<b>% of Consumers who Successfully Complete/Attain Goals</b>	89% Met (42%) or partially met (47%) treatment plan goals	85% Met (63%) or partially met (22%) treatment plan goals

For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:		
	FY2020 Not funded in FY20 but outcomes listed here	FY2021
Outcome Goals for Program	<p>Performance Target:</p> <ol style="list-style-type: none"> <li>60% of men will achieve treatment plan objectives</li> <li>60% will maintain sobriety and report an improved quality of life as a result of program participation.</li> </ol> <p><i><b>FY20 Results:</b> Of the 24 men admitted to treatment during FY 2020 (since December 2019 opening):</i>  <i>★19 completed treatment and 89% men that were discharged met (42%, N:8) or partially met (47%, N:9) treatment plan objectives</i>  <i>★83% maintained sobriety and 79% report an improved quality of life as a result of program participation.</i></p>	<p>Performance Target: Out of the 60 men customers admitted to Concord Pines during FY2021, 30 (50% of these will complete all their milestones at discharge, 22 of these customers will remain abstinent (self-reported) from alcohol and other drugs for six months post treatment, and 16 of these customers will remain abstinent (self-reported) from alcohol and other drugs for one year post treatment, and will demonstrate two or more of the following:</p> <ol style="list-style-type: none"> <li>1) Positive, supportive relationships</li> <li>2) Positive, supportive living environment</li> <li>3) Self-supporting/ employment (financial income)</li> <li>4) No new legal charges</li> <li>5) Participation in aftercare counseling (e.g. mental health)</li> </ol> <p><i><b>FY21 Results:</b> Of the 68 men admitted to treatment during FY 2021,</i>  <i>★35, (52%) have been discharged from treatment and met all of the treatment milestones.</i>  <i>As of 6/30/20, Concord Pines had 13 men still active in treatment who were admitted during this time period.</i>  <i>★ Out of the 10 men who were contacted for a 6 month follow-up, 7 (70%) had met the performance target at 6 months.</i>  <i>★ The one year follow-up report will not be available for the 38 men who completed treatment successfully until the end of June FY22.</i></p>
Average Duration of Waiting List	<p>Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug use, and severity of need for services, and Lake and Geauga County residents.</p> <p>We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.</p>	<p>Our waiting list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, IV drug use, and severity of need for services, and Lake and Geauga County residents.</p> <p>We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.</p>

	Clients are now intake/admitted into our Mentor and Painesville outpatient treatment services whenever possible until they can be scheduled for admission.	Clients can complete intake/admission at our Mentor and Painesville outpatient treatment services whenever possible until they can be scheduled for admission.
<b>Emergency Services, Average Response Time</b>		N/A
<b>Are These Within Contract Specifications for Time Frame?</b>		N/A
<b>Total Program Budget</b>		\$696,692 (for FY21)
<b>% of Budget Received From ADAMHS Board</b>		3.5% (for FY21)

### Section III

**Identify Service Delivery / Coordination Problems and Resolutions**

Service delivery problem identification and allocation of resources which promote effectiveness, efficiency and accessibility are a regular part of our Continuous Quality Improvement procedures. Service delivery issues and problems are identified through several ways. Our agency develops a Risk Management Plan as a planned approach for the purpose of safeguarding employees and persons served against potential risks such as; hazardous working conditions, non-compliance to the privacy and security of protected health information, fire and safety conditions, major and unusual incidents, and financial risks. In addition, as part of our management team meetings we receive on-going input and suggestions from our staff on ways to improve services for clients and work environment.

Our Accessibility Survey is distributed to our stakeholders (clients, staff, funding sources and referral sources) annually in order to identify potential barriers of accessibility to services for our clients and staff. The results are compiled into an Accessibility Plan, which serves as a working document through the year, to guide the efforts of the management team to begin removing these barriers and resolving identified problems. The barriers identified are: Architectural, Cultural, Service Delivery, Financial, Employment, Communication, and Transportation & Location. All areas identified are reviewed and a corresponding action plan developed. A copy of Lake-Geauga Recovery Centers' Accessibility Plan for 2021 can be made available upon request.

The biggest challenges facing LGRC in the next 12 months are a continuation of those from the year before. These include navigating COVID-19, BH Re-design/Managed Care Plans carve-in, opiate epidemic and inadequate workforce.

- As with everyone, our agency has been significantly impacted by challenges related to COVID-19. Over the 18 months, massive changes were undertaken quickly in order to continue to provide services as an essential business, all while keeping staff and clients safe and healthy. We increased telehealth capability and continued to be flexible as well as quick to adjust as needed depending on the community and state mandates. The pandemic has resulted in fewer referrals from criminal justice, fewer individuals seeking treatment despite higher rates of relapse and overdose, social distancing reducing allowed numbers in group therapy, our main treatment milieu. These challenges all had a significant impact on census and revenues. With the availability of the vaccine, we have moved to a more "normal" environment, however, with the current Delta variant and high spread in the county again, we lie in constant uncertainty as to whether to continue with our current policies/procedures or to reverse course.
- Medicaid's Managed Care Plans (MCP), obtaining prior authorization for our residential treatment clients through clinical documentation to justify the requested ASAM Levels of Care continues to be a challenge and frustration. Often the recommended level of care for these individuals, based on the ASAM criteria, is residential treatment. With prior authorization required for this level of care after the initial 30 days with BH Re-design, there is still concern that managed care often does not approve continued stay, despite the clinician's therapeutic recommendation. The MCP's prior authorization process has had an impact on outcomes, particularly for this population, not to mention the impact on value based care, if this is the direction of our field and funders. We remain hopeful that, despite a shortened length of stay in residential treatment, outcomes will continue to remain favorable with the added benefits of Medication Assisted Treatment (Vivitrol and Suboxone) and/or residential treatment followed by recovery housing to promote long term recovery. Another factor is that the requirements for prior authorization between the different MCP's varies and are inconsistent. Lake-Geauga Recovery Centers is participating in a pilot study regarding a universal prior authorization form. We are optimistic that changes will be made so that prior authorization requests will be made in a more consistent and smooth manner.
- Current workforce for those trained in substance abuse treatment and prevention is of critical proportions. The demand for independent licensed counselors has become highly competitive, especially in today's work environment where "pop up" treatment centers and telehealth private practices are becoming popular. New graduates in the profession have higher salary demands than has ever been expected for new clinicians and, the new "remote" work climate that has developed over the past 18 months is also desired, despite our field having better success in face to face interactions. Within the substance abuse treatment field, high turnover and a low rate of newly trained workers entering the field are common. The continued Medicare requirement of services having to be provided by an independently licensed social worker, instead of both an independently licensed social worker and counselor remains an issue, especially



when area agencies are all “competing” for the same licensed professionals. There seems to be few incentives to assist recruitment and retention in the addictions field. We believe this issue will continue to have an impact on our agency and the industry as a whole, especially in light of the recent trend over the past year of the highest rate of opiate overdose since the peak of the epidemic. Low workforce is definitely a common theme across the state, as other treatment providers report large numbers of vacant positions at their agencies. We continue to use our relationships with several colleges and universities in Lake, Cuyahoga and Mahoning Counties, in order to encourage more internships at Lake-Geauga Recovery Centers, which often can be a lead to permanent employment. The challenge with this is the lack of independently licensed staff with supervisory designations available to provide supervision to interns, which in turn minimizes the amount of interns we can take on. Our current dependently licensed staff continue to be encouraged to seek their independent licenses. Efforts to focus on not only recruitment, but enhancement of employee benefits to promote employee retention are increased.

#### **Identify Funding Problems and Resolutions**

As part of our strategy for resolution these issues were addressed in FY21 and/or will continue for FY2022:

- In an effort to provide even more accessibility to residential treatment, the agency is constructing a new men’s 16 bed residential treatment facility. The plan is to move the current Concord Pines men’s facility to the new building. The Concord Pines building will then be repurposed to accommodate the Nevaeh Ridge facility, thereby increasing capacity from 6-16 women (depending on the number of children they bring). This project was made possible from the Capital grant awarded from OMHAS, as well as support from the Lake County ADAMHS Board. The Lake-Geauga Recovery Centers’ Board of Directors and management are fully committed to this project. The agency embarked on a capital campaign just prior to Covid. The campaign has struggled because of the impact of Covid on the community. We continue to seek 5 year pledges and other foundations and funding sources.
- Assist current and future clients in signing up for Medicaid, considering those who are eligible due to Medicaid expansion. To facilitate this, the agency has provided computer access in all of our programs’ locations and provides staff assistance for technical support.
- To make application to various insurance provider panels, as appropriate.
- Proactively search and apply for available grants.
- LGRC will maintain its involvement in the Director’s Council in order to explore opportunities for increased collaboration that will affect cost savings for the system as a whole, and will enhance service provision and accessibility for our consumers.
- Covid has had an impact on our revenues due to low census, increased levels of relapse and overdose which lead to disengagement. Telehealth, while a much needed solution, takes away from the face to face interactions between clients with each other and with staff, which also lessens the rate of engagement.

#### **Identify any significant (>20%) increases or decreases in service provision in specific behavioral health programs**

In FY 21 we have not seen a *significant* increase or decrease in services. There has been a lower census this past year, most likely due to the unpredictability related to the COVID-19 impact as well as trends surrounding relapse, overdose, and less in person sober support availability.

#### **Identify future changes to be made based on results from your Quality Improvement Program**

Other changes planned for FY2021 as a result of our Quality Improvement Program include:

- Continued monitoring, evaluating, refining and growing the new services and programs implemented in last few years including: Ambulatory Detox, Medication Assisted Treatment, Peer Recovery Supports, Opiate Recovery Program, Gambling Prevention, Grief Support Group, Criminal Justice/ Behavioral Health Linkage, Addiction Treatment Program, Tobacco Cessation Counseling/Nicotine Replacement Therapy for clients and general public, Anger Management Intervention, Fitness/Wellness program at our residential

treatment facilities, Treatment Engagement Specialist. Begin to monitor the impact on the Contingency Management program to our IOP clients/outcomes.

- LGRCs' grief support group offers help, comfort and understanding to assist individuals in recovering from this unique loss. Utilization of this service has waned and we continue to monitor this closely. Given the current rate of overdose deaths in the community, it would still be a much needed service and should continue to be available to those who need it.
- LGRC continues to offer telehealth services to those who are unable to attend services in person due to COVID. We added a telehealth survey to monitor the effectiveness and satisfaction with this service. The survey will continue to be completed quarterly and reviewed with staff at the semi-annual Planning & Evaluation meeting. Any patterns that need to be addressed will be done so during individual supervision. Individual/agency action plans for improvement would then be implemented.
- Due to increased incidents of clients with mental health, we would like to explore a contract with a part-time psychiatrist.
- LGRC also added an SUD Case Manager in men's residential services with the goal of lessening client's frustration with lack of resources to those trying to work through treatment and upon discharge.
- Continue to embrace and promote Recovery Oriented systems of Care model throughout the Centers' operations and delivery of care.
- Encouraging staff to increase licensure or obtain PRS, CDCA by paying for training.
- In collaboration with Geauga and Mentor Drug Courts, as well as Ashtabula Courts, we started an Intensive Relapse Prevention Weekend Program.
- LGRC made a revision to residential services by adding evening IOP groups so that those on IOP level of care who miss a group due to their work status, can attend the evening groups.
- In partnership with Crossroads Health under the Crisis Infrastructure grant, we have a non-intensive treatment group available for first responders.

We strive to improve the quality of our treatment plans and documentation, always ensuring that the client has input into the development of his/her treatment plan. To ensure that high quality client care is provided through the effective and efficient utilization of programs, resources, and services, Utilization Review meetings are conducted weekly among treatment staff. Client records are routinely reviewed monthly during Peer Review, Client Record Review, as well as random reviews by supervisors for clinical appropriateness as well as any deficiencies in documentation.

Quality Improvement reports and quarterly results are reviewed with all staff at our semi-annual Planning & Evaluation Day, and periodically at residential and outpatient staff meetings. Clients' progress towards their goals and achievement of milestones, current trends, compliance with clinical documentation and corrections, and any suggested program/operational changes are reviewed at those times. Based on these results, program modifications are made which promote a greater rate of goal attainment and treatment retention. We have established Performance Target Outcomes in accordance with OMHAS and national outcome measures. We track and report on milestone achievement in outpatient and residential treatment, prevention, and the Mike Link Driver Intervention Program, including post-discharge follow-up. As we move through and out of the pandemic, our outcomes have been impacted and is a reflection on the increased rate of relapse, rate of overdose, decreased availability of social sober support options and the exhaustion the pandemic has had on our clients and staff.

#### **Describe how your agency maintains compliance with SAPT Block Grant requirements**

Lake-Gauga Recovery Centers complies with all requirements for the SAPT Block Grant, including that programs are abstinence-based and all clients receive Clients Rights and Grievance Procedure upon intake. Also, all reporting requirements are completed in a timely manner. LGRC complies with all federal requirements as to the appropriate use of funds under the SAPT Block Grant. In addition, we maintain the appropriate waiting list requirements, prioritizing intravenous drug abusers and pregnant women, when appropriate. The waiting list summary is prepared

quarterly and included in our overall quarterly QA reports. Our agency also complies with the requirement for HIV and tuberculosis services through the county health department for our residential clients.

#### **Describe any special populations your agency serves**

Adult men and women who are concerned about their own or another's use of alcohol or other drugs, problem gambling or mental illness; substance use disordered adults who are homeless or at risk for becoming homeless, adults who are involved in the criminal justice system, women and children who are directly impacted by domestic violence and other abuse issues, and clients who are indigent or who would otherwise have no means of receiving treatment and support services.

As part of our strategic plan, we were seeking to develop programs for veterans, seniors, and LGBTQ. While we accomplished 76% of our strategic plan goals, this is an area we will need to continue to work on. Some strides were already made as we did become a Tricare provider and one of our counselors also received specialized training in understanding and treating military service members and their families. Completing the Star Behavior Health Training adds Lake-Geauga Recovery Centers to The Star Behavioral Health Providers database. This is a resource for veterans, service members and their families to locate behavioral health professionals who have been through the training and can best provide treatment while taking circumstances unique to this population into account. In FY21, we formed a committee to focus on diversity and inclusion to assist in taking steps forward for specialized populations referenced above. We also are poised to begin a non-intensive outpatient treatment group for first responders (dependent upon referral).

Lake-Geauga Recovery Centers operates four long-term residential treatment programs. Lake House and Concord Pines, currently a 16 bed facility for men, Oak House, a 16 bed facility for women and Nevaeh Ridge, a 6 bed facility for women with up to 2 children ages 5 and under. Oak House and Lake House allow children under age 3 to accompany their parents to treatment. These programs are located in Painesville, Concord and Mentor and all offer a home-like atmosphere with easy access to public transportation, churches, YMCA, community 12 Step meetings, stores and other social service agencies. We provide specialized residential treatment at Nevaeh Ridge to women who are pregnant and/or women with children under age 5. In the month of December, we were proud to welcome the 30th drug free baby.

To further enhance the continuum of care in Lake and Geauga Counties, we offer 6 Level II recovery houses:

1. "Water Street", 114 Water Street, Chardon - accommodates 5 men - opened November 2015
2. "Bill Horvath House", 42 East Jackson Street, Painesville - accommodates 5 men - opened October 2016
3. "Nowlen Manor", 8441 Nowlen Street, Mentor - accommodates 5 women - opened December 2016
4. "Eighty-Forty One", 8401 Mentor Avenue, Mentor - accommodates 5 women - opened August 2018.
5. "The Meigs", 805 Meigs Avenue, Painesville - accommodates 6 men - opened July 2019
6. "Twelve Meadows, 12700- Ravenna Road, Chardon - accommodates 5 women - opened February 2020

For FY22, we have applied for funding to repurpose the Nevaeh Ridge facility into a Level I recovery house that would accommodate women with children. This has been long identified as a gap in services for this population as recovery houses allowing children are difficult to find.

The Center is grateful to OhioMHAS, Lake County ADAMHS Board, the Geauga County Board of Mental Health and Recovery Services and the United Way of Lake & Geauga County for providing support and funding to enhance the continuum of care in Lake and Geauga Counties

#### **Describe how your agency distributes, collects and utilizes satisfaction surveys**

- *Client Satisfaction Survey* – All clients enrolled in outpatient services receive a satisfaction survey to complete during one week of each



month. Participants in the residential treatment program and the Mike Link Driver Intervention Program receive a satisfaction survey at discharge or program completion. For prevention services, participants receive a survey to complete, as appropriate, at the completion of the prevention service or activity. For learning purposes, a general list of individual comments from these surveys are distributed to staff for their review. Data from these surveys is gathered and entered into the agency computer system for analysis monthly. At least twice a year, the Chief Operating Officer (COO) includes a summary of results to the Chief Executive Officer (CEO), funding sources, the Quality Assurance (QA) Committee of the Board of Directors, and to staff at the semi-annual Planning & Evaluation Day (P&E Day) review meeting. These groups and individuals have the opportunity to review the findings and make recommendations for program modifications. Residential and Outpatient staff members, under the direction of the Residential Treatment Manager and Outpatient Clinical Supervisor, have the responsibility to develop an action plan for implementing program modifications based on feedback received. The Chief Operating Officer is responsible for ensuring that program modifications are implemented by designated staff.

- *Pre and Post Evaluations* – To measure the degree to which our program services contributes to achieving residents' treatment goals or prevention activity objectives, pre-and post-tests are utilized. The COO reports the results of the prevention participants and residents' pre- and post-evaluations in quarterly Quality Improvement Reports to the President and CEO for QA Committee review. Results of pre- and post-tests are shared with staff semi-annually at our Planning & Evaluation Day review meetings. These special meetings deal with current functioning of the service component and make recommendations for programmatic modifications. The Residential Treatment Manager and Prevention Supervisor are responsible for the development and implementation of an action plan to address needs identified in their specific service category.
- *Community Survey* – Annually, all community resources are provided with a survey instrument, either online or by mail. Mailed surveys include a postage-paid return envelope. Data from these surveys is gathered and entered into the agency computer system for analysis. The COO will tally results and create a report annually with a summary of the findings. This report is then distributed to the CEO, funding sources, QA Committee of the Board of Directors, and to all staff at the P&E Day review meetings. These individuals have the opportunity to review the findings and make recommendations for program modifications. Residential and Outpatient staffs have the responsibility to develop an action plan for implementing program modifications based on feedback received. The COO is responsible for ensuring that program modifications are implemented by designated staff.
- *Accessibility Survey* – Accessibility to services and operations is a key factor in optimizing the benefit of treatment for persons served. Lake-Geauga Recovery Centers is dedicated to taking all appropriate steps to remove architectural, attitudinal, financial, employment, and other barriers that challenge persons served as well as personnel. A variety of factors including, but not limited to, physical plant, communications, community involvement, advocacy efforts, staff diversity, provider networks, and available funds may influence levels of accessibility. Ultimately, the goal of accessibility is to make the organization culture and environment welcoming and safe. An accessibility survey is distributed to our stakeholders (clients, staff, funding sources, and referral sources) annually in order to identify potential barriers of accessibility to services for our clients and staff. Feedback from this annual survey is aggregated by the COO.
- *Employee Stakeholder Feedback Survey* – This survey is conducted annually in December to solicit, collect and analyze employee input, in order to identify the needs and preferences of the employees. Employees receive a survey, along with a postage-paid envelope. Individual surveys are mailed to an outside entity for analysis and to aggregate results and prepare a written report and summary of the findings. Results are then shared with the staff at the February Planning & Evaluation Day review meeting. In addition, our agency does exit interviews with all employees to receive feedback and input into our agency's services.
- *Planning & Evaluation Review (P&E)* - This meeting is held bi-annually to discuss current status and operations of all program services and plan for future directions and operations. This review shall deal with current functioning of the service component and will make recommendations for programmatic modifications and enhancements.
- *Telehealth Follow-up Survey* – This survey is conducted quarterly to solicit, collect and analyze employee input, in order to evaluate

quality of telehealth service delivery as well as to ensure that high quality of client/consumer care continues to be provided. The purpose of this review is to also ensure that pertinent, timely, appropriate and legible information is contained in client records to accurately reflect the telehealth service. Results will be discussed staff at the Planning & Evaluation Review (P&E) meeting. Counselors with patterns of reported areas to improve upon will be informed during supervision.

- *Agency Report Card* - completed quarterly, takes key performance indicators from our QI reports and establishes performance thresholds to achieve on a quarterly and annual basis as an additional means to measure, track and report on outcomes.
- *Agency management team* - meets every other week, is responsible for prioritizing findings from all surveys listed above, developing an action plan to address identified concerns and barriers, and incorporating them into other areas of agency business practice, including strategic planning, financial planning, program planning, and performance improvement.

#### **Describe how your agency maintains compliance with National Accreditation requirements**

The Chief Operating Officer (COO) is responsible for maintaining compliance to standards established by OMHAS and CARF. The COO will attend related trainings in order to stay current with changes to standards on a state and national level. The staff at Lake-Geauga Recovery Centers is committed to achieving a level of excellence in all program areas, and therefore recognizes the value of rigorous attention to compliance to all required standards through a system of checks and balances, regularly scheduled reviews, inspections, monitoring, and trainings. In December 2018, LGRC completed a CARF review for re-accreditation. The results of the review were positive, and the agency received the full 3-year accreditation for our outpatient, residential, prevention and diversion programs. While the agency continually abides by CARF standards as a matter of course, preparations are now underway to ensure readiness for the next review in October/November 2021.

#### **Describe how your agency measures Consumer Outcomes**

See the above section regarding the collection and utilization of satisfaction surveys.

Lake-Geauga Recovery Centers distributes on a monthly basis client satisfaction surveys to all clients involved in outpatient services. Clients receiving residential and driver intervention weekend services are given a survey at discharge. Clients rate their satisfaction with all services that they have experienced in the agency, including intake, assessment, and group and individual counseling. Surveys results are shared with clinical staff, and supervisors are required to create action plans based on the feedback given.

The agency annually provides an accessibility survey to outpatient and residential clients. This survey focuses on specific areas in which clients perceive there are barriers to treatment. Feedback from this survey is discussed, prioritized and acted upon by the agency management team (accessibility plan and grid can be provided upon request).

Lake-Geauga Recovery Centers follows up, by way of a telephone survey, at one month post-discharge, with clients who participated in Intensive Outpatient treatment. On a quarterly basis for one year, all clients who participated in residential treatment are contacted by telephone to complete a survey. Residential clients, who successfully completed their treatment plan goals, are also contacted by telephone at 6-months and 12-months post discharge. These clients self-report the following indicators: Abstinence from alcohol and other drugs; positive and supportive relationships; positive and supportive living environment; financial self-support; no new legal charges incurred; and participation in Aftercare or mental health group or individual counseling.

As part of the Quality Improvement Plan, specific areas tracked and reported quarterly to the Board of Directors Quality Improvement Committee include: Number of admissions; Length of stay analysis; Treatment plan goal attainment; Number of drop-outs in each program service; Drug screen results; Pre/Post test results; Post Discharge follow-up outcomes; Client satisfaction survey results; Performance Target attainment.

#### **Describe how your agency complies with the business continuity plan requirements (disaster preparedness)**



Lake-Geauga Recovery Centers' Disaster Recovery Plan was originally designed, approved and implemented in March 2006. The plan is reviewed annually by the Board of Directors. The LGRC Emergency Management Team (EMT) meets semi-annually to review and make any revisions to the plan. The document outlines the cooperative efforts of all individuals within Lake-Geauga Recovery Centers to organize, prepare, respond, and recover from an emergency or significant unplanned event. With regards to our residential clients, we have entered into an agreement with Camp Burton in Geauga County to provide temporary shelter to our residents should evacuation become necessary. The LGRC Disaster Recovery Plan not only fulfills our moral responsibility to protect our clients, employees and the community, but also to enhance our ability to recover from financial losses, damage to equipment, and business interruption. Disaster recovery drills are completed annually. The agency's Disaster Recovery Plan can be made available upon request.

**Describe where your agency fits into the continuum of care. For example, where do you get referrals from, what agencies do you refer clients to, what specific initiatives/programs are you working on in collaboration with ADAMHS agencies and other community agencies?**

Lake-Geauga Recovery Centers endeavors to support the Lake County ADAMHS Board in the provision of a strong continuum of care in Lake County. One of the unique features of our agency is the fact that we have multiple levels of care, supporting our philosophy that treatment is truly individualized and as unique as each individual who walks through our doors. Our services range from an 8-hour, one day Education Program, 6 week Anger Management Intervention Program, to ambulatory detox, medication assisted treatment, outpatient treatment, intensive outpatient treatment, dual-diagnosis treatment, residential treatment, and our recovery houses in Lake and Geauga Counties.

Lake-Geauga Recovery Centers provides short- and long-term treatment, on either an outpatient or residential basis, to adults who are directly or indirectly affected by substance use, problem gambling and/or mental illness. For those who are not appropriate for ambulatory detox, the agency does refer individuals experiencing acute withdrawal symptoms to local hospitals and urgent care facilities for detoxification and stabilization. LGRC receives approximately 60% of its clients from court or other criminal justice referral sources. Other major referral sources include Lake County Jobs & Family Services, all other agencies in the Lake ADAMHS system, local companies, local schools, and self-referrals. Likewise, because there is 'no wrong door' into the system, LGRC links clients to the same entities from which they are received. Crossroads Health is used extensively for referrals for psychiatric services or crisis services. Family Planning and Cleveland Rape Crisis regularly provide programming to our clients on specific topics such as reproductive health, HIV, Domestic Violence and trauma. LGRC is also in partnership with Crossroads Health for the Crisis Infrastructure grant.

LGRC has contracted with Lake County Adult Probation (LCAP) to provide its jail diversion aftercare program. The agency currently provides two separate aftercare groups at our Mentor and Painesville Outpatient locations. In the past few years, Lake-Geauga Recovery Centers has had the unique opportunity to participate in two criminal justice programs: the Addiction Treatment Program (ATP), and the Criminal Justice/Behavioral Health Linkage (CJ/BH).

Lake-Geauga Recovery Centers collaborates with many organizations throughout Lake County and also the surrounding counties. Our staff sit on a variety of coalitions and participate in other collaborative efforts including: Community Coalition – Chardon Community Action Team; Housing Coalitions of Lake & Geauga Counties; Lake County ADAMHS Board Directors Council; Friends of Lake ADAMHS; Lake Health Psych Clinical Group; Re-entry Coalition; Lake County Health District; Lake Health; Lake County Adult Probation; Catholic Charities; Crossroads Health; Signature Health; Lake County Opiate Task Force; Geauga County Opiate Task Force.